

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>11-11-05</u>		2 Serial/Patent # <u>10/534877</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$230.00
		8 TO BE REFUNDED BY:		
10 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check  Credit Deposit A/C #:  9 <span style="border: 1px solid black; padding: 2px 5px;">0</span><span style="border: 1px solid black; padding: 2px 5px;">2</span><span style="border: 1px solid black; padding: 2px 5px;">--</span><span style="border: 1px solid black; padding: 2px 5px;">4</span><span style="border: 1px solid black; padding: 2px 5px;">8</span><span style="border: 1px solid black; padding: 2px 5px;">0</span><span style="border: 1px solid black; padding: 2px 5px;">0</span> </div>		
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____		
SIGNATURE: <u>[Signature]</u>		PHONE: _____		
OFFICE: <u>PTO/DO/EO</u>		<small>Repl. Ref: 11/23/2005 RCAMPREL 0020414000  DAH: 024800 Name/Number: 10534877</small>		
*****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*